

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC			FEC IDENTIFICATION NUMBER ▼ C C00484642		
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Bully Pulpit Interactive			Date 12 / 04 / 2013		
Mailing Address 1140 Connecticut Ave NW Ste 800			Amount 2500.00		
City Washington State DC Zip Code 20036-4010		Transaction ID : VN7GB9P0ZH0			
Purpose of Expenditure Online Advertising - Estimate		Category/ Type 		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kay Hagan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 1061056.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name (Last, First, Middle Initial) of Payee SKDKnickerbocker			Date 12 / 04 / 2013		
Mailing Address 1818 N St NW Ste 450			Amount 52951.92		
City Washington State DC Zip Code 20036-2473		Transaction ID : VN7GB9P0ZF4			
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type 		Office Sought: <input type="checkbox"/> House State: NC <input checked="" type="checkbox"/> Senate District: <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Kay Hagan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			
Calendar Year-To-Date Per Election for Office Sought 1061056.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			55451.92		
(b) SUBTOTAL of Unitemized Independent Expenditures▶			 		
(c) TOTAL Independent Expenditures.....▶			 		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Rebecca Lambe</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date 12 / 06 / 2013</p>					

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Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date MM / DD / YYYY 12 / 04 / 2013	
Mailing Address 3050 K St NW Ste 100		Amount 351500.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GB9P0X68
Purpose of Expenditure Media Buy	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District:
Name of Federal Candidate Supported or Opposed by Expenditure: Kay Hagan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY 1061056.20		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought MM / DD / YYYY		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	351500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	406951.92

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

Signature

[Electronically Filed]

Date

MM / DD / YYYY
12 / 06 / 2013